19th ANNUAL CHESTERFIELD COUNTY YOUTH AWARDS YOUTH NOMINATION FORM

YOUTH NOMINEE (Must be between 12-18 years of age)	Age:
Name:	
Telephone:	School:
Mailing Address:	
How long has the youth nominee been involved in this volunteer activity?	
PERSON MAKING THE NOMINATION	
Name:	Telephone (Work): Telephone (Home):
Mailing Address:	
Relationship to nominee: (For example: Parent, friend, teacher)	
Please complete the nomination form and send it to: Chesterfield County Youth Services	
I	P.O. Box 40
Or fax the completed form to: 748-1099 Nominations may also be sent to the following youthservices@co.chesterfield.va.us Nominations must be received by 5:00 p.m. M	arch 15, 2002 to be considered. Contact
Youth Services Office at 796-7100 if you have any further questions.	

Feel free to make copies of the nomination form and fact sheet to share with interested individuals.

YOUTH AWARDS NOMINATION FORM

Name of Nominee
Nominations for the Chesterfield County Youth Awards are based on Courage , Compassion , and/or Service . Please answer the following questions that apply to your nominee, giving specific examples with details to support the particular area for which the nomination is made. Please type or print. You may write on the back of these pages or attach additional pages, as necessary.
Please describe the reason you are nominating this young person. Why is the nominee particularly deserving of this recognition for their volunteer work?
How have the actions of this young person benefited and impacted others?
Were there any obstacles the young person had to overcome?
Did this young person act alone? Was he or she part of a group? Please explain.
Comment on the nominee in terms of their courage, compassion and/or community/school service.